

**OFFICE OF CENTRAL INSPECTION
PLAN SUBMITTAL INFORMATION
1-1-96**

Project Name:

Valuation:

Address:

Bldg:

Suite:

Zip Code:

Tax Key No:

Project No:

Legal Description:

Applicant:

Phone:

Fax:

Address:

Bldg:

Suite:

City:

State:

Zip Code:

Contractor:

Phone:

Fax:

Address:

Bldg:

Suite:

City:

State:

Zip Code:

Architect:

Phone:

Fax:

Address:

Bldg:

Suite:

City:

State:

Zip Code:

Property Owner: (last)

(first)

(middle)

Address:

Bldg:

Suite:

Fax:

City:

State:

Zip Code:

Phone:

Project Owner or Contact: (last)

(first)

(middle)

Address:

Bldg:

Suite:

Fax:

City:

State:

Zip Code:

Phone:

Parcel Size:

sq. ft.

Impervious area:

sq. ft.

Description of Work:

No. of Stories:

Height of Building:

Occupancy Group:

Construction Type:

Allowable Area Calculations:

Building Area:

Required Parking:

Basic Allowable Area:

Basement:

Required:

Open Sides Increase:

1st:

Shown:

Sprinkler Increase:

2nd:

Accessible:

Total:

Other:

Loading:

Total:

Preliminary review has been done: Yes No

Plans Examiner: _____ Date: